

File

Case Committee

2/3/64

MKH

MINUTES OF THE CASE COMMITTEE MEETING  
HELD JANUARY 21, 1964

Present: Mr. Schain  
Mr. Osborne  
Miss Voigt  
Mrs. Rosenberg

Mrs. Casey  
Miss Dickson  
Mr. Kilduff

At a meeting of the Case Committee held this date, a proposal for a research project on the study of families of drug addicts was presented to the Case Committee for exploration and discussion. Prior to the meeting, Mrs. Mary Fawcett presented this outline to Mr. Kilduff and Mrs. Casey for their comments and evaluative judgment. It was their opinion it should go before the Case Committee for further discussion and evaluation. A copy of the outline is attached to the minutes.

Prior to this meeting of the Case Committee, Mr. Al Meyers, co-ordinator for social agencies in the South Side Project, had contacted the agency and asked if this suggested proposal of Mrs. Fawcett could be submitted to him as a research topic. It was his intent to submit this to the Ford Foundation on March 16, 1964 with other research proposals, among which was Dr. Young's research project which our agency had already evaluated.

Mrs. Fawcett's proposal was discussed before the Case Committee because if a research grant were forthcoming, a great percentage of her time would be involved on the project. It was the consensus after discussion that Mrs. Fawcett be granted the necessary time to obtain more specific information necessary for a wider understanding of what the project would involve, this time not to exceed six weeks. Following the initial exploratory period and dependent on whether or not this project was considered an acceptable research one, which information would be forthcoming from Mr. Meyers after evaluation, would depend on the way Mrs. Fawcett's services to the agency would be utilized. If there is an indefinite answer on the proposed project at the end of this time, a full caseload would be assigned.

Mr. Kilduff also brought up for discussion the most recent publication from P.S.A.A. in regard to the place a family service agency has in the mental health movement. This statement was authorized by the Board of Directors of P.S.A.A. in November 1963. This publication post-dated the report of the field visit of Miss Murta in March 1963. Mr. Kilduff brought this before the Case Committee because it had been his feeling that a family agency could extend its services and have a department subsidized by mental health funds. He felt the entire matter of family agencies and the mental health field should be explored more completely. The committee was interested in the position of P.S.A.A. and will study it more fully in the next few months.

(Mrs) Peggy Casey

Where does addiction come from?

Tentative conclusion based on therapy group experience and some observations of families.

1. In the first place every addict was once a member of some kind of family group.
2. Once they were all non-addicted children.
3. At some time they used narcotics for the first time.
4. The use of narcotics satisfied some unmet need within the individual, arising from either the personality of the person or circumstances of family life and environment or a combination of these variables.
5. Those factors creating addiction arising from within the family and environment are as yet unstudied and unresearched.
6. Certain speculative hypotheses can be advanced concerning the cause of addiction arising from family living even at this very early stage. The causes arising from within the individual of either personality organization or psychological origins will be left to the medical and psychological professions.

With the foregoing statements as preamble we can proceed to state that the female addicts generally report that they began using narcotics as teen-agers and that they were exposed to its use through friends. A few have said they did not begin using drugs until early adult life, but they too were exposed to the use of narcotics by others, sometimes friends and sometimes relatives by marriage.

Therefore, on a conscious level the addicts themselves consider

#### Exposure

the primary cause.

There is yet no known way of determining how many other teen-agers or young adults have been equally exposed and have not become addicts but it seems reasonable to believe that this has happened.

The problem is why some do become addicted and some do not. What is it that makes the difference and are the families of the addicted and the non-addicted one of the determinants?

To seek the solution to this problem again we must turn to the addict for his own account of his family life.

Most female addicts profess to love their mothers very much. They say "my mother is a wonderful woman. I have broken her heart. She did everything for me."

They will rarely individually or collectively attach any blame on their mothers.

They usually report that their mothers were religious, moral, hard working women. Their mothers held only the highest moral standards

and insisted that their children live up to these expectations. Some describe severe physical punishment by their mothers for rebellious behavior.

The fact that this was not a deterrent is rationalized by assuming the responsibility personally, as due to their own waywardness, immaturity, failure to appreciate their mothers, ideals, and the substitution of the gangs' ideals for their mothers' values. The fear of social ostracism from the gang, to be thought "square" had a more powerful effect upon them than their childhood teachings.

The fathers of most of the female addicts are described generally as pretty inadequate men. They frequently have been unemployed or employed at low status jobs. Usually they are lesswell educated than their wives. Some are described as actually illiterate but no mother was so described. Some were physically abusive, bad tempered, used foul language and embarrassed their children and wives by the uncouthness and ignorance they displayed in intersocial action. On the other hand several girls described their fathers as unusually righteous men with stern moral code and stern demanding punitive attitudes towards their wives and children. There seems to be a more extreme variation in terms of paternal attitudes and behavior than in terms of maternal attitudes and behavior.

There is nothing really consistent about the economic class of the known addict's family. There is a fairly wide spread from lower class to middle-middle class as relates to a sociogram of social structure.

There is now some reason to believe that addiction is reaching more and more into our middle class and upper-middle class groups. Where once it was a problem of slums and slum living it now seems to be affecting the lives of those formerly thought to be immune by reason of their education, financial success, and place and mode of living. This is reported by law enforcement officers and is considered by them to be a growing menace to the youth of more privileged neighborhoods.

This is undoubtedly a verifiable fact and if true requires research into all possible causative factors. The family again comes under scrutiny.

What is it which effects rich and poor alike, Negro and white, illiterate and well educated, slum dweller and suburbanite, permissive or harsh, church and non-church connected, community active or isolated, one child centered to many children oriented, to have children who become narcotics addicts? After this and equally important is the question why do many other people of equally divergent backgrounds have children who never become addicts or any other kind of behavior problems

If, through research into the actual way of life of an addict's family, through evaluating, understanding, really learning to know how the family lives, how they began and became a family, how they felt about themselves, how they feel about love, marriage, work, what a home means to them, how they have tried to secure themselves and their children to life and their times and circumstances in life, and what common factors we can isolate out of all this, we may have a

beginning that will be helpful in adding to our total knowledge of the problem of narcotics addition but perhaps even more important, how we as social workers can teach, guide and counsel young people and their parents to prevent addiction entirely.

At present we have to rely almost entirely on the psychological and psychiatric studies of the addict himself for knowledge. His family has been considered unavailable for research for the reasons mentioned and because there has not been sufficient awareness of the simple fact that an addict, in fact every addict everywhere was once a tiny innocent baby born into some kind of family life, and that something in his life, some place, somewhere, went wrong.

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THE PLACE OF THE FAMILY SERVICE AGENCY IN THE MENTAL HEALTH MOVEMENT

A Statement Authorized by the Board of Directors  
Family Service Association of America  
November 1963

The family is society's basic bulwark for the mental health of its members, and the Family Service agency with its casework counseling is a basic mental health resource. Through its counseling service the Family Service agency identifies problems of emotional disturbance and early symptoms of mental illness, helps family members to cope with overwhelming stress, treats problems of individual and social maladjustment, and prepares family members for psychiatric care when needed.

The 1961 Report of the Joint Commission on Mental Illness and Health specifically cites the family casework agency as a strong advocate of sound family life and as an essential resource in rendering service. A major recommendation of the Report states: "Persons who are emotionally disturbed --that is to say, under psychological stress that they cannot tolerate --should have skilled attention and helpful counseling available to them in their community if the development of more serious mental breakdown is to be prevented. This is known as secondary prevention, and is concerned with the detection of beginning signs and symptoms of mental illness and their relief: in other words, the earliest possible treatment." Family Service staff members provide this type of skilled counseling service.

Currently there are 310 accredited Family Service agencies with approximately 2800 professional social workers on their staffs located in 270 communities. These agencies, backed by strong citizen boards and supported by United Funds, and other voluntary contributions, are committed to high standards of service. They provide family counseling and related services and are charged with responsibility "to contribute to harmonious family interrelationships, to strengthen the positive values in family life, and to promote healthy personality development and satisfactory functioning of various family members."

The concern of Congress, expressed in its generous support of numerous programs offered through the National Institute on Mental Health and, currently, the comprehensive mental health planning to be done state by state exemplify the present push. Several states have councils of Family Service agencies which can act on state-wide planning matters. Spokesmen from a number of them have been appointed to the official state body charged with developing a comprehensive mental health plan. This kind of action is appropriate, in the judgment of the FSAA Board.

New Jersey has set a fine example in coordinating the efforts of family service agencies and mental health clinics. The report of a New Jersey conference held on December 12-15, 1962, is available under the title, "Cooperation Toward Mental Health - A Conference of Community Psychiatric Clinics and Family Service Agencies." The Association is urging that similar conferences be held in other states.

The Family Service Association of America's Board of Directors has authorized a special committee to promote the Family Service movement's contribution to the development of better community mental health resources. It has also authorized this statement to clarify the position of the Association and its accredited Member Agencies in the mental health movement.

PRELIMINARY PLANNING OF FIELD STUDY WITH FAMILIES OF NARCOTICS ADDICTS  
TO BE CONDUCTED BY THE BUREAU OF FAMILY SERVICE OF NEWARK, N. J.

Purpose:

In order to become aware and helpful in the total goal of strengthening family life, it is necessary to know the extent of disruption and breakdown among those families faced with specific kinds of crises. Traditionally, the Family Service Agency has been concerned with marriage counselling, and has a vast and well categorized amount of information available about the extent, causes, and effects of breakdown in marriage. Other well researched fields of family services include child rearing practices, economic problems, special problems of the aged, influences of ethnic origins, religious differences, and those mental and emotional problems effecting the functioning of an individual in a family and in society.

Today, we are becoming more and more aware of our insufficiency of knowledge and experience concerning the drug addict and his family. Studies are being conducted by psychologists and psychiatrists about the personal and mental characteristics of the addict but the facts concerning the impact of learning of a loved one's addiction upon a family are scarcely known at all.

We know by the spontaneous formation of two groups of relatives of addicts in Newark, that this is a source of great concern. It is possible that there are more than two such spontaneously formed groups who are motivated to find some answers to their panic and fear by banding together and searching for answers and causes with no leadership except that provided by mutual experience and in some cases, some spiritual solace.

By leaving the direct treatment of the addict to health and correctional sources we are bypassing the one most important resource for sustained interest, strength, courage and hope that remains, particularly for the youthful addict; his own family.

The family is the source from which the addict comes. After correctional care or even hospitalization, he returns to his family. If he drifts away, the cost is plain, a continuation of the addiction, but if the inner strengths of his family can be mobilized and their help, encouragement and efforts sustained through knowledgable case work methods, the problem might be eased.

With this goal and objective, and with the parallel fact of our authoritative status in the field of marriage counselling due to rigorous and exact research and study, it is hoped that the present proposal will be of interest and acceptable.

Proposal:

I therefore suggest that, in view of the foregoing and my own specific experience and contacts in this field, the Family Service Bureau of Newark enter into a research program by delegating to me the responsibility and



and authority for organizing and conducting such research.

In terms of the professional field I am a member of NASW, ACSW and ACPA. My experience in the field of narcotics addiction include three years as a group psychotherapist with female narcotics addicts at the Essex County Penitentiary under psychiatric supervision, membership in the Community Council on Drug Addiction (a pioneering family group), membership on the Committee on Professional Practices of the NASW with responsibility to that committee for reporting on new findings of concern to social workers in drug addiction including legislative, medical and correctional approaches, and membership in the Essex County Committee on Narcotics Addiction, a professional study committee consisting of interdisciplinary membership. I have published a professional article entitled "Motivating Group Therapy in Narcotics Addicts in a Women's Prison" in the International Journal of Group Psychotherapy of July, 1961 which aroused rather considerable interest resulting in inquiry and correspondence with the University of Pennsylvania, the American Social Health Association, the Ministry of Justice of Tokyo, Japan, and an invitation to participate in program planning of the School of Public Health, University of California, as well as numerous individual contacts by correction officers and psychiatrists seeking information on the therapy program.

This is another important fact. The parents of the addict are in a peculiar and extremely difficult dilemma. They alone, of all other relatives of persons affected with behavior disorders, share uniquely in their children's criminality. If they assist their child with money they are contributing to his addiction in a direct and legally responsible way. If they do not give their child money they know he will steal, rob, mug, engage in all unlawful activities to get money and thus can be convicted for criminal acts in addition to his addiction. These parents are already deeply guilt ridden. This dual problem, whatever they decide to do or even can do, creates more emotional disturbance, more guilt, more anxiety and more frustration than many can carry. It is our hypothesis that this conflict accounts for the failure of many addicts to return to their families after a drying out period and contributes to mutual misunderstandings and family breakdown if the addict does try to return to his family. Families take on the fear, distrust and suspicion of others held by their addict relatives.

Confidence, trust and acceptance are dearly won by therapist, social worker, psychologist and psychiatrist. Whatever the motive the outsider is viewed as an outsider and fear is transposed to him. It is for this reason that I have maintained active contact with some former members of my therapy group and their families since they have been discharged from prison.

It should be additionally noted that besides a social work education and ACSW membership I have an M.A. from Columbia in Sociology. Since 1959 I have been attending the New School for Social Research and have now about thirty graduate credits, including courses in Psychology, Sociology, Projective Techniques and Methods of Social Research. All of these have an application to the indicated project.



### Design:

It is important to recognize that only the most tentative of plans can be formulated at this stage, and that it will be necessary to improvise and reconstruct time and circumstance to meet the requirements of the situation as they unfold.

However, on the basis of experience, it is possible to formulate a beginning plan to achieve the ends sought. This would be first to develop a constant, continuing relationship with these groups of parents already in existence and to offer to them a supporting and helpful relationship utilizing whatever means are necessary to effect the formation of a positive, non suspicious and non fearful attitude. Hopefully, as they grow to know one social worker through intimate personal contact they can reach out for help to others, secure in the knowledge that they will not be blamed, hurt, arrested, criticised, etc., whatever their defenses.

There are at least two such groups now meeting in Newark at night. They can be visited regularly and possibly use in their own setting some case work skills, or group work skills. There may be more. If so, and known, an effort should be made to bring them into the research project, although it is probably best to confine the nature of our professional interest to the professionals since parents are so extremely defensive.

During this time, observation of attitudes, techniques that seem to change attitudes, and other relevant data should be reported.

In addition, this may be a time when it can be determined if this is a field that might be available for survey techniques (if the participants can be so prepared) and such survey techniques developed. If not, the reasons why not are pertinent, and in such a case, will there be members of the groups willing to participate in a field study - or in other words - can additional knowledge be gained by sampling by case history method only those willing.

It may or may not be possible to develop a statistical procedure. It would seem improbable during the preliminary phase at least, when one is establishing a positive attitude among very distressed suspicious and fearful people. Later, if enough of a sampling can be developed it may be that statistical procedures will be indicated and valid. At least this possibility should be borne in mind and planned for to some extent. Factors of statistical fact - age, sex, ethnic origin, economic status, housing, education, marital status, etc. could be coded easily. Whether or not they will yield valid information is something only time can tell.

Finally, the analysis of results will depend upon all of the variables mentioned plus more to be encountered. Since there is nothing of similar nature to this study available, the results are completely unpredictable. As in all other kinds of research, whether of a physical science or social science, the researcher must be prepared for disappointment, but at least in social science it is often possible to analyze negative results and find from that a springboard to another effort.

Costs:

In this preliminary phase, costs are impossible to estimate for the total project. However it can be estimated that the first year of research will cost the salary of the social worker plus expenses, to include pertinent professional literature, psychological text materials, parking, transportation, etc.

Later after sufficient data has been assembled it may be necessary to employ other field workers and clerical help. Consultation may also be required of other social scientists and costs may have to include statistical procedures, printing, etc.

Time limitations seem uncertain since the factors within the project are unpredictable. Flexibility will have to be maintained and adaptations made to changing requirements.

It is hoped that this project may receive the active support and backing of the Board of Trustees of the Newark Bureau of Family Service since such approval and enthusiastic interest would be required to receive grants or moneys from Foundations, Federal funds or other sources.

Respectfully submitted -

*Mary S. Fawcett*  
Mary S. Fawcett,

January 9, 1964